

FILED
2008 JUN 19 AM 9:47
SOUTHERN DISTRICT OF CALIFORNIA
BY YMX DEPUTY

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

JOSEPH CARLINO
1814 5TH AVENUE Ste 3
San Diego, CA 92101
Plaintiff

v.
Washington Mutual
Dicdra Bentley, individually
~~_____~~
~~_____~~

Civil No. '08 CV 1084 JM POR
REQUEST FOR APPOINTMENT OF
COUNSEL UNDER THE CIVIL RIGHTS
ACT OF 1964, 42 U.S.C. 2000e 5(f)(1);
DECLARATION IN SUPPORT OF
REQUEST

1. I, the plaintiff in the above-entitled employment discrimination action, request that the court appoint an attorney to represent me in this matter. In support of this request, I state as follows:

- A. my claim is meritorious (that is, I have a good case), and
B. I have made a reasonably diligent effort to obtain counsel, and
C. I am unable to find an attorney willing to represent me on terms that I can afford.

2. A copy of the NOT APPLICABLE PER Notice-of-Right-to-Sue-Letter I received from the Equal Opportunity Commission is attached to the complaint which accompanies this request for counsel.

3. A. Does the Notice-of-Right-to-Sue-Letter show that the Commission found "no reasonable cause" to believe the allegations made in your charge were true? N/A

____ Yes ____ No

1 IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE
2 COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B
3 AND C.

4 B. Do you question the correctness of the Commission's "no reasonable cause"
5 determination?

6 ☐ Yes ☐ No

7 C. If you answered "yes" to question 3B, what are your reasons for questioning the
8 Commission's determination? Be specific and support your objections with fact. Do not simply
9 repeat the allegations made in your complaint; the court will review your complaint in considering this
10 request for counsel.

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28 (Attach additional sheets as needed)

4. Have you talked with any attorney about handling your claim?
☒ Yes ☐ No

If "YES," give the following information about each attorney with whom you talked:

Attorney: John Carlati

When: _____

Where: Parker Standbury LLP, Los Angeles, CA

How (by telephone, in person, etc.): Telephone

Why attorney was not employed to handle your claim: WROTE DEMAND LETTER
NOT ANSWERED

Attorney: Univ of San Diego Law School - legal clinic

When: 6-15-2008

Where: San Diego, CA

How (by telephone, in person, etc.): Telephone

Why attorney was not employed to handle your claim:

Doesn't accept cases from Carlati

Attorney: San Diego Elder Law Center

When: 6-15-2008

Where: San Diego, CA

How (by telephone, in person, etc.): Telephone

Why attorney was not employed to handle your claim:

COULDN'T HELP ME

(Attach additional sheets as needed)

5. Explain any other efforts you have made to contact an attorney to handle your claim:
ENTIRE ATTORNEYS

ENTIRE ATTORNEYS IN STATE CALIFORNIA
WANTED CASH UPFRONT I DO NOT HAVE

6. Give any other information which supports your application for the court to appoint an attorney for you: FM

attorney for you: I AM DISABLED, 63 years old, live on less than \$1300 per month

7. Give the name and address of each attorney who has represented you in the last 10 years for any purpose:

NONE - I'm Too Poor

(Attach additional sheets as needed)

8. I cannot afford to obtain a private attorney. The details of my financial situation are listed below:

A. Employment

Are you employed now? — yes ~~no~~ — am self-employed

Name and address of employer:

1 If employed, how much do you earn per month? N/A

2 If not employed, give month and year of last employment: N/A

3 How much did you earn per month in your last employment? \$2000 in 1995

4 If married, is your spouse employed? yes no N/A

5 If "YES," how much does your spouse earn per month? N/A

6 If you are a minor under age 21, what is your parents' or guardians' approximate monthly
7 income? N/A

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9 B. Assets

10 (i) Other Income

11 Have you received within the past 12 months any income from a business, profession or other
12 form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity
13 payments or other sources? ☒ yes ☒ no

14 If "YES," give the amount received and identify the sources:

15 \$ Received

Source

16 ~~1517~~ 1517/mo

Social Security Disability

17 before 320 mo

18 spousal support

19 I net \$1247 mo

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28 (Attach additional sheets as necessary)

(ii) Cash

Have you any cash on hand or money in savings or checking accounts? ☒ yes ☐ no

If "YES," state total amount: one penny in WFB + 53 cents on hand

(iii) Property

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ yes ☒ no

If "YES," give value and describe it:

Value

Description

C. Obligations and Debts(i) Dependents

Your marital state is: ☐ single ☐ married ☒ widowed, separated or divorced.

Your total number of dependents is: ME

List those person you actually support, your relationship to them, and your monthly contribution to their support:

Name/Relationship

Monthly Support Payment

ANN CARLINO

SPOUSAL SUPPORT \$320

(ii) Debts and Monthly Bills

List all creditors, including banks, loan companies and charge accounts, etc.

Creditor	Total Debt	Monthly Payment
Rent: <u>NEW PALACE HOTEL</u>	<u>6 mo lease</u>	<u>\$ 385</u>

Mortgage

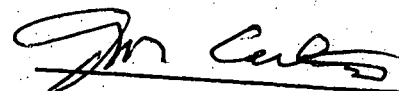
on Home:

Others: AGGREGATE IN EXCESS OF \$10,000
CAN PROVE IF DESIRED, LIST ATTACHED
TO WILL IN SAFE DEPOSIT BOX

9. Signature

I declare under penalty of perjury that the above is true and correct.

Dated: 6-19-2008



Signature

(Notarization is not required)